

IN THE UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF ARKANSAS
FAYETTEVILLE DIVISION

REUBEN DURHAM, JR.

PLAINTIFF

v.

Civil No. 07-5020

BENTON COUNTY DETENTION
CENTER MEDICAL STAFF

DEFENDANTS

O R D E R

Plaintiff's complaint was filed in this case on February 1, 2007. Before the undersigned is the issue of whether the complaint should be served. In order to assist the court in making such determination, it is necessary that plaintiff provide additional information.

Accordingly, it is ordered that plaintiff, Reuben Durham, Jr., complete and sign the attached addendum to his complaint, and return the same to the court **by April 6, 2007**. Plaintiff is advised that should he fail to return the completed and executed addendum by April 6, 2007, his complaint may be dismissed without prejudice for failure to prosecute and/or for failure to obey an order of the court.

IT IS SO ORDERED this 8th day of March 2007.

/s/ *J. Marschewski*

HON. JAMES R. MARSCHEWSKI
UNITED STATES MAGISTRATE JUDGE

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ADDENDUM TO COMPLAINT

TO: REUBEN DURHAM, JR.

This form is sent to you so that you may assist the court in making a determination as to the issue of whether the complaint should be served upon the defendants. Accordingly, it is required that you fill out this form and send it back to the court **by April 6, 2007**. Failure to do so will result in the dismissal of your complaint.

The response must be legibly handwritten or typewritten, and all questions must be answered completely in the proper space provided on this form. If you need additional space, you may attach additional sheets of paper to this addendum.

RESPONSE

In your complaint, you allege you are being denied adequate medical treatment. Specifically, you indicate you were denied treatment for injuries you sustained and also for shortness of breath and chest pain. You indicate there is a history of heart disease in your family.

1. Provide the dates of your incarceration at the Benton County Detention Center (BCDC). (In answering, be specific).

Answer:

2. Are you incarcerated at the BCDC solely because of pending criminal charges?

Answer: Yes _____ No _____.

If you answered yes, please state what charges are pending against you.

If you answered no, please state whether you are serving a sentence or if your probation, parole, or supervised release has been revoked.

3. You have named the jail medical staff as defendants. Do you know the name of the jail nurses or doctors that you contend denied you medical treatment?

Answer: Yes _____ No _____.

If you answered yes, please state the name of each jail nurse or jail doctor you intended to name as defendants.

If you answered no, please state the date or dates on which you believe you were denied medical treatment and indicate if you were denied treatment by the jail nurse, or jail doctor, or both on that date.

4. Please describe what your serious medical needs are that you believe you have been denied medical treatment for.

Answer:

5. With respect to each jail nurse or jail doctor you intend to name as defendants, state how he or she exhibited deliberate indifference to your serious medical needs.

Answer:

6. Did you suffer any physical injury as a result of not receiving medical care when you requested it?

Answer: Yes _____ No _____.

If you answered yes, please state: (a) what injury you suffered; (b) the symptoms you experienced; (c) the severity of the symptoms; and (d) how long it took you to recover from this injury.

7. Since you filed the complaint, have you received medical treatment?

Answer: Yes _____ No _____.

If you answered yes, please state what medical treatment you received and who you received the treatment from.

I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS COVERED BY
THE VERIFICATION MADE BY ME ON MY INITIAL COMPLAINT.

REUBEN DURHAM, JR.

DATE